



The Commonwealth of Massachusetts

Office of Public Safety and Inspections
Massachusetts State Building Code (780 CMR)

Building Permit Application

to Construct, Repair, Renovate or Demolish a Building

Other than a One- or Two-Family Dwelling

Requirements for Building Permits

Permit requirements are specified in Chapter 1 of the MA State Building Code. Applicants should review the requirements to avoid common problems. The standard form below incorporates the code requirements and is provided for use by municipalities to achieve permit consistency across the State. Municipalities may use a variant of this form but it must contain at least the same information. Please contact the municipality where the work will be done for the proper form or follow the instructions below if this standard form is acceptable.

Filing Instructions

- Complete the application. The application is available in Word or PDF format so check to see what is acceptable to the local building official.
- Include construction documents, specifications, and other materials required.
- Check if the local municipality requires confirmation that property taxes, water fees, etc. are not outstanding.
- Also, check if the local building official requires construction control forms (see section 107 in the building code) with this application.
- Submit the application package with a check made payable to the municipality for the fee as determined by the municipality.

All Items Underlined In Red Must Be Completed**The Commonwealth of Massachusetts**

Office of Public Safety and Inspections

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Official: _____

SECTION 1: LOCATIONNo. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____

Assessors Map # _____ Block # and/or Lot # _____

SECTION 2: PROPOSED WORKEdition of MA State Code used _____ If New Construction check here ☐ or check all that apply in the two rows belowExisting Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 2)Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: _____Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐Brief Description of Proposed Work: _____

_____**SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY**Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐Existing Use Group(s): _____ Proposed Use Group(s): _____**SECTION 4: BUILDING HEIGHT AND AREA**

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)**A: Assembly** A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ **B: Business** ☐ **E: Educational** ☐**F: Factory** F-1 ☐ F-2 ☐ **H: High Hazard** H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐**I: Institutional** I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ **M: Mercantile** ☐ **R: Residential** R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐**S: Storage** S-1 ☐ S-2 ☐ **U: Utility** ☐ **Special Use** ☐ and please describe below:

Special Use Description: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)**IA** ☐ **IB** ☐ **IIA** ☐ **IIB** ☐ **IIIA** ☐ **IIIB** ☐ **IV** ☐ **VA** ☐ **VB** ☐**SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)**

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	<u>Flood Zone Information:</u> Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<u>Trench Permit:</u> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<u>Debris Removal:</u> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	<u>MA Historic Commission Review Process:</u> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCYEdition of Code: _____ Use Group(s): _____ Type of Construction: _____Does the building contain an Sprinkler System?: _____ Special Stipulations: _____Design Occupant Load per Floor and Assembly space: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes:

Name Street Address City/Town State Zip

to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐.Otherwise provide construction control forms (see section 107 in the code) as required.**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

Name (Registrant) Mobile Phone No. e-mail address Registration Number

Street Address City/Town State Zip Discipline Expiration Date

10.2 General ContractorCompany Name

Name of Person Responsible for Construction License No. and Type if Applicable

Street Address City/Town State Zip

Telephone No. (business) Telephone No. (cell) e-mail address

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? **Yes ☐ No ☐**

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$_____
<u>1. Building</u>	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$_____. Note: Minimum fee = \$_____ (contact municipality)
2. Electrical	\$ X X X X X	
3. Plumbing	\$ X X X X X	
4. Mechanical (HVAC)	\$ X X X X X	
5. Mechanical (Other)	\$ X X X X X	
<u>6. Total Cost</u>	\$ _____	Enclose check payable to _____ (contact municipality) and write check number here _____

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name Title Mobile Phone No. Date

Street Address City/Town State Zip Email Address

Municipal Inspector to fill out this section upon application approval: _____

Name

Date

Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

Registered Professional Contact Information

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Registrant)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone No.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> e-mail address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Registration Number
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Street Address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City/Town	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> State	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Zip
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Registrant)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone No.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> e-mail address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Registration Number
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Street Address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City/Town	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> State	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Zip
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Registrant)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone No.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> e-mail address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Registration Number
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Street Address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City/Town	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> State	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Zip

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

Appendix 2

(For total demolition only)

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

No. and Street	City / Town	Zip	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (if applicable)					
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Other (if applicable)		



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia



TOWN OF ARLINGTON
Inspectional Services Department
23 Maple Street
Arlington, Massachusetts 02476
Office (781) 316.3390
inspectionalservices@town.arlington.ma.us

780 CMR 111.5 & 5111.5 Debris. As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed; also refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A. The debris will be disposed of in:

LOCATION OF FACILITY _____

CONSTRUCTION SITE ADDRESS _____

Signature of Applicant _____ Date _____

AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Signature of Applicant _____ Date _____

(PRINT OR TYPE THE FOLLOWING INFORMATION)

Name of Permit Applicant _____

Firm Name, if any _____



Town of Arlington
Inspectional Services Department
23 Maple Street
Arlington, MA 02476
781-316-3390

Inspectionalservices@town.arlington.ma.us

APPLICATION FOR DUMPSTER / POD PERMIT

To be filled out by Applicant:

Date: _____

Fee Required \$24.00

Name: _____

Location: _____

Telephone Number: _____

Dumpster/Pod Location: _____

Email: _____

Michael Ciampa
Interim Director of Inspectional Services

Cc: Juliann Flaherty, Chief of Police

Please Note:

Vehicles must be removed during snow emergencies



Town of Arlington

Inspectional Services

23 Maple Street
Arlington, MA 02476
781-316-3390

AFFIDAVIT FOR FINAL COST OF CONSTRUCTION

PROJECT ADDRESS: _____

In accordance with the provisions of the Massachusetts State Building Code, Section 109, the total estimated costs of construction including all related construction costs* of the building located at:

amounts to: _____

I, _____, being the person referred to as the owner/payer identified below, do solemnly swear that the statements made herein are strictly true, correct, and made in good faith.

*Related construction costs include all work done with or concurrently with the work contemplated by the building permit including demolition, plumbing, heating, electrical, air conditioning, painting, carpeting, sprinklers, elevators, site improvements, etc. Furnishings and portable equipment are not part of the total construction cost.

Signature of Owner/Payer

_____ Date: _____ 20____

Then personally appeared the above named and made oath that the above statement is true.

Before Me, _____

Notary Public _____

Office Use:

Final Cost: _____

Original Estimate Cost: _____

Cost Difference: _____

Additional Fee Required: _____

To amend fee under permit# _____



TOWN OF ARLINGTON
Department of Public Works
51 Grove Street
Arlington, Massachusetts 02476
Office (781) 316-3320 Fax (781) 316-3281

Engineering Division

Department of Public Work

Requirements for work associated with Home Construction, Renovations and Yard Landscaping

- ☒ **Sidewalk Cross-over Permit:** Required for access of any equipment required to cross over sidewalk in order to gain access to lot. To include the following:
- Dumpsters
 - Delivery Trucks
 - Concrete Trucks
 - Dump Trucks
 - Excavation and Landscaping Equipment
(generally anything larger than a commercial lawn mower)
- ☒ **Sidewalk Occupancy Permit:** Required for work within or over sidewalk or for work that will prevent pedestrian accessibility on sidewalk. Permit required and sidewalk closed signs required.
- ☒ **Erosion & Sediment Control:** Required when there is a potential for soil erosion. Any open excavation or loose soil creates a potential for soil erosion and transport of sediment during rain. Applicants shall maintain as needed.
- | | |
|---|---|
| When: before construction begins | What: |
| <i>Including:</i> | |
| <ul style="list-style-type: none">• Excavation/landscaping that will strip or remove top soil/lawn• Storage of soil/dirt | <ul style="list-style-type: none">• Silt Fence• Straw Waddle• Compost tubes• Straw bales |

Erosion control is required to be installed prior to construction and maintained and cleaned as needed until the potential for erosion has been removed. This is the responsibility of the applicant and/or project proponent.

- ☒ Erosion control is required to be installed prior to construction and maintained and cleaned as needed until the potential for erosion has been removed. This is the responsibility of the applicant and/or project proponent. Erosion control is required to be installed prior to construction and maintained and cleaned as needed until the potential for erosion has been removed. This is the responsibility of the applicant and/or project proponent.

Street Excavations & Utility Work:

Any contractor working within the Town Right of Way shall be approved by the Select Board and Engineering Division as a Licensed Approved Contractor. All work shall be in conformance with Town of Arlington Street Occupancy & Trench Regulations, Town Sewer, Water & Drain Regulations and Specifications, Arlington Engineering Division Standard Construction Details, OSHA and Massachusetts Excavation and Trench Safety requirements and DigSafe notifications.